



State of Wisconsin

Department of Health and Family Services

DIVISION OF PUBLIC HEALTH

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Date: June 15, 2004

To: Local Health Departments receiving Hmong refugees in 2004

From: Savitri J. Tsering
TB Elimination and Refugee Health Coordinator
Wisconsin Tuberculosis Program
Bureau of Communicable Diseases and Preparedness

Re: Hmong refugees and TB screening

This summer your jurisdiction will receive Hmong refugees from Tam Krabok in Thailand. Preliminary health information from the camp in Thailand indicates that tuberculosis is prevalent in this population. Historically, TB has been a significant health problem for the Hmong population in Wisconsin. During the past five years (1999 -2003), there has been an annual average of 5.6 TB cases in Hmong individuals. With a population of 46,470, the average case rate is 12 cases per 100,000 population -12 times higher than the Wisconsin case rate among White individuals.

When doing an initial health assessment on these refugees, the Wisconsin TB Program recommends the following:

- Assess for signs and symptoms of active TB disease
- Review patient history and exposure to active TB disease
- Place a single TB skin test unless contraindicated (**Note:** BCG history is not a contraindication) ¹
- Provide a medical evaluation and chest x-ray for those with 10 mm or greater induration
- Treat appropriately for either active TB disease or Latent TB Infection (regardless of age)
- Ensure that refugees who begin treatment complete an adequate treatment regimen

Maintain heightened awareness about the prevalence of TB in this population. Special effort and attention should be made to ensure each individual is thoroughly evaluated, receives appropriate care and completes their treatment.

Refugees also will receive appropriate immunizations. The TB skin test should be placed either

(over)

¹ Consider repeating the skin test under the following circumstances unless the person had an adverse reaction, which means vesiculation, ulceration, necrosis or a severe allergic reaction:

- When results are inconclusive, or
- For any other clinical indications that suggest repeating the PPD may yield a more accurate assessment of the client's TB status.

From: **Ensuring Accurate Skin Test (PPD) Results in the Jurisdiction of the Local Health Department**. P. 23 - 24,
http://dhfs.wisconsin.gov/dph_bcd/TB/Resources/guidelines/tbg_ensu.pdf

on the same day as vaccines with a live-attenuated virus or 4-6 weeks later to avoid a false negative result from immune suppression.²

Refer to our Guidelines for Effective Practice for detailed information:
http://dhfs.wisconsin.gov/dph_bcd/TB/Resources/guidelines/guideline.htm

The following TB related resources in Hmong are available free of charge:

Video on TB in Hmong	Call 608/266-9692 to order (Summary of video contents in English is sent with the video.)
Hmong TB record card	Call 608/266-9692 to order
Medication information in Hmong	http://dhfs.wisconsin.gov/dph_bcd/TB/Resources/TB_resources.htm
Poster in Hmong and English	Call 608/266-9692 to order
TB information sheets from the Minnesota Department of Health in Hmong	http://www.health.state.mn.us/divs/idepc/diseases/tb/translations.html (When using this information, include your local health department contact information on the translated materials.)

² Live-attenuated vaccines that may cause false negative PPD results are: measles, mumps, rubella, oral polio, varicella, yellow fever, oral typhoid (TY21a) and BCG. **From: Ensuring Accurate Skin Test (PPD) Results in the Jurisdiction of the Local Health Department.** P. 18, http://dhfs.wisconsin.gov/dph_bcd/TB/Resources/guidelines/tbg_ensu.pdf